## h21000273743

| (Requestor's Name)                      |      |
|---|------|
| (Address)                               |      |
| (Address)                               |      |
| (City/State/Zip/Phone #)                |      |
| PICK-UP WAIT                            | MAIL |
| (Business Entity Name)                  |      |
| (Document Number)                       |      |
| Certified Copies Certificates of St     | atus |
| Special Instructions to Filing Officer: |      |
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SECRETASY OF STATE

2021 MIC 29 PM 1:



August 10, 2021

PAUL H. GREEN JR. 8833 PERIMETER PARK BLVD STE 104 JACKSONVILLE, FL 32216

SUBJECT: GREEN LAW GROUP, LLC

Ref. Number: L21000273743

We have received your document for GREEN LAW GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

RECEIVED

Letter Number: 321A00018896

## **COVER LETTER**

TO:

| TO: Registration Se<br>Division of Cor                                   |   |  |  |
|--|---|--|--|
| SUBJECT:   | GREEN LA  | CROOP  ited Liability Company  |  |
| The enclosed Articles of   | Amendment and fee(s) are sub                    | unitted for filing.  |  |
| Please return all correspo   | indence concerning this matter                  | to the following:  |  |
|  |   | Name of Person  Plan Grove  Firm/Company   |  |
|  |   | PRIMOTE Re   | احت الرحة  |
|  | JACKSOF   | City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code | 2216 25 25   |
|  | Davida G  | Chystate and zip code  | CON SSO THE TO   |
|  | E-mail address: (                               | to be used for future annual report notif  | ication)   |
| For further information e  | oncerning this matter, please c                 | all:   | ATE 21   |
| PAUL Name o  | Ceets (Person                                   | at ( <u>90+</u> ) <u>302 -</u><br>Area Code Daytime  | 4055<br>Telephone Number   |
| Enclosed is a check for the  | ne following amount:                            |  |  |
| \$1 \$25.00 Filling Fee  | ☐ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy radditional copy is enclosed)                                   | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addres</u><br>Registration 9<br>Division of C<br>P.O. Box 632 | Section<br>Forporations<br>7                    | Street Address:<br>Registration Sec<br>Division of Corp<br>The Centre of Ta                        | porations<br>allahassee  |
| Tallahassee, FL 32314  |   | 2415 N. Monroe   | 2 Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compar<br>(A Florida Limited L   | ty as it now appears on our records.) lability Company)     |
|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number 12100273742.  | were filed on and assigned                                  |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liabi  The new name must be distinguishable and contain the words "Limited Liabili  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS) | PPUC  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   | SECRETALIS  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  | ddress on our records, enter the name of the new registered |
| New Registered Office Address:  |   |
|   | Enter Florida street address                                |
| <del></del>   | . Florida Ziv Code  |

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name                                  | Address     | Type of Action       |
|--------------|---------------------------------------|-------------|----------------------|
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces                                    | ssary.)         |  |
|--|-----------------|--|
| The purpose of the Green La<br>PLLC is the practice of law.  | acc'            | brup,                                      |
| <u> </u>   |                 |  |
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|  | CRETA<br>ALLA   | <u> </u>                                   |
|  | 29 PH           |  |
|  | STATE           |  |
| E. Effective date, if other than the date of filing:   | liling.) Pursua | nt to 605.0207 (3)(b<br>t be listed as the |
| If the record specifies a delayed effective date, but not an effective time (at 12:01 a.m. on the earlier of: (b) record is filed. | The 90th c      | lay after the                              |
| Dated 9 17 21  |                 |  |
| Signature of member or authorized representative of a member  Paul Geer  Typed or printed name of signee                           |                 |  |

D.